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REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>2-24</u>		2 Serial/Patent # <u>287759330</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
✓ Assignment			\$ <u>4000</u>
Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>4000</u>
10 REASON:		8 TO BE REFUNDED BY:	
Overpayment		✓ Treasury Check	
Duplicate Payment		Credit Deposit A/C #:	
No Fee Due (Explanation):		9 <u>23--111715</u>	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>J. DAVENPORT</u>		TITLE: <u>LIFE</u>	
SIGNATURE: <u>[Signature]</u>		PHONE: <u>301-6187</u>	
OFFICE: <u>ONE STOP#3</u>			
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: <u>[Signature]</u>		DATE: <u>3-20-97</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: